

Prepared by and return to:
 O'Brien Law Firm, LLC
 1630 Goodman Road E., Suite 5
 Southaven, MS 38671
 (662) 349-3339
 20040583

STATE MS.-DE SOTO CO.
 Nov 1 3 42 PM '04

485 PG 572
 CLK.

NETTIE R. STALLINGS F/K/A NETTIE L. JOINER
 AND HUSBAND, RAY STALLINGS,
 Grantors

TO

WARRANTY DEED

ROBERT CARTWRIGHT AND WIFE,
 DORA CARTWRIGHT,
 Grantees

For and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, NETTIE R. STALLINGS F/K/A NETTIE L. JOINER AND HUSBAND, RAY STALLINGS, does hereby sell, convey and warrant unto ROBERT CARTWRIGHT AND WIFE, DORA CARTWRIGHT, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

Lot 163, Section A, in Desoto Village Subdivision on Section 34, Township 1 South, Range 8 West, as shown by the plat recorded in Plat Book 7, Pages 9-14, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By Way of Further Explanation: That James Earl Joiner departed this life on the 2nd day of July, 1997, as evidenced by the attached Certificate of Death. That Ray Stallings joins in the execution of this instrument to convey any and all homestead interest he may have in subject property.

The warranty in this deed is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession will be given upon delivery of this Deed.

Taxes for the year 2004 will be prorated.

WITNESS THE SIGNATURE of the Grantor this the 22 day of October, 2004.

Nettie R. Stallings F/K/A Nettie L. Joiner

NETTIE R. STALLINGS F/K/A NETTIE
 L. JOINER

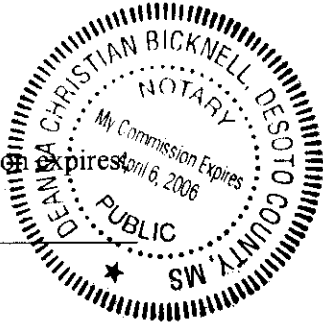
Ray Stallings
 RAY STALLINGS

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said state and county aforesaid mentioned, the within named NETTIE R. STALLINGS F/K/A NETTIE L. JOINER AND RAY STALLINGS who acknowledged that they executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as their free and voluntary act and deed and for the purposes therein named.

Given under my hand and official seal of office, this the 22 day of October, 2004.

My commission expires _____



Deanna Christian Bicknell
Notary Public

Grantor's Address

7840 Charleston Drive
Southaven, MS. 38671

Home: 662-393-3857
Work: 662-399-4700

Grantee's Address

2535 Fairbrook Cove
Horn Lake, MS 38637
Home: 662-851-1222
Work: 901-485-6594

STATE FILE NUMBER

HCA 1393

CERTIFIED

1. DECEDENT'S NAME (First, Middle, Last) James Earl Joiner		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) July 2, 1997	
4. SOCIAL SECURITY NUMBER (of Decedent) 423-54-8001		5a. AGE-LAST BIRTHDAY (Year) 54		5b. UNDER 1 YEAR NOB. DAYS 	
6. DATE OF BIRTH (Month, Day, Year) 4-21-1943		7. BIRTHPLACE (City and State or Foreign Country) Tallassee, AL		8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		10. FACILITY NAME (If not institution, give street and number) Baptist Central		11. CITY, TOWN, OR LOCATION OF DEATH Memphis	
12. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Married		13. SURVIVING SPOUSE (If wife, give maiden name) Nettie Reagh		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Dover Elevator	
15. RESIDENCE STATE Mississippi		16. COUNTY DeSoto		17. CITY, TOWN OR LOCATION Horn Lake	
18. STREET AND NUMBER OR RURAL LOCATION 2535 Fairbrook Cv.		19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17-19) 2		20. DECEDENT'S RACE (Specify) White	
21. FATHER'S NAME (First, Middle, Last) James Edwin Joiner		22. MOTHER'S NAME (First, Middle, Maiden Surname) Danny Lois Ward		23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2535 Fairbrook Cv.; Horn Lake, MS 38637	
24. INFORMANT'S NAME (Type/Print) Nettie Joiner		25. RELATIONSHIP TO DECEASED Wife		26. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)	
27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Hill Crematory		28. LOCATION City or Town, State Memphis, TN		29. SIGNATURE OF FUNERAL DIRECTOR FS-0826	
30. SIGNATURE OF FUNERAL HOME FS-0826		31. SIGNATURE OF EMBALMER FS-0826		32. LICENSE NUMBER OF FUNERAL HOME FE-429	
33. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Rd. E.; Southaven, MS 38671		34. DATE FILED (Month, Day, Year) July 29 1997		35. DATE SIGNED (Month, Day, Year) 7/21/97	
36. MEDICAL EXAMINER - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Randall C. Frederick M.D.		37. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		38. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 3 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER	
39. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Randall Frederick, M.D.; 80 Humphreys Circle Suite #220; Memphis, TN 38120		40. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. CEREBROVASCULAR hemorrhage CONGLOMERATE END STAGE CHRONIC LIVER DISEASE NUTRITIONAL CIRRHOSIS		41. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
42. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined		43. DATE OF INJURY (Month, Day, Year) M 2		44. TIME OF INJURY 2	
45. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify) 		46. LOCATION (Street and Number or Rural Route Number, City or Town, State) 		47. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	